

TO THE RECTOR OF THE UNIVERSITY OF SIENA

l, the under	rsigned,		
		Surname	Name () on/19
Sex: F□	М 🗆	Italian fiscal code (if any))
citizenship		resident in	Zip/postal code
address			
tel		mobile	
fax		e-mail	
		EL UNIVERSITY MASTER'S PROGRAMME EVEL UNIVERSITY MASTER'S PROGRAMME	
		TO THIS END:	
1) le	elect the fo	ollowing domicile for any notices to be sent to:	
addre	ess		
Zip/po	ostal code	City	
tel		mobile	
4		,	

2)	I enclose the following documents:					
A.	Declaration in lieu of affidavit;					
В.	Copy of my valid passport/identity card;					
C.	Copy of Italian fiscal code (if any);					
D.						
E.						
F.						
G.						
Н.						
Date,/						
aware	declare that I am in possession of all the documents required for admission to the selection test (including the call) and am of all provisions and information therein. TNESS WHEREOF I sign this form on [date]//					
	(Legible signature)					
Privacy Information Pursuant to Legislative Decree no. 196 of 30 June 2003 we inform the interested party that the provision of data required herewith is mandatory for this procedure. Such data, as foreseen by law, will be only used to this end and, in any case, within the institutional activities of the University of Siena, including any exchange of information to facilitate employment opportunities. With regard to the data provided, the declarant enjoys the rights provided by the abovementioned decree. The data controller is the University of Siena, Via Banchi di Sotto, 55 – Siena, Italy.						
Date _	(Legible signature)					



AREA SERVIZI ALLO STUDENTE DIVISIONE CORSI III LIVELLO

DECLARATION IN LIEU OF AFFIDAVIT (PRESIDENTIAL DECREE 445/2000)

TO THE RECTOR OF THE UNIVERSITY OF SIENA A

I, the undersigned,						
born in _	Surname		Name on/19			
resident	in [address]					
town		country	Zip/postal code			
tel	mobile	e-mail				
	ware that false representations and false rt. 476 et seqq.) and specific laws on the		punishable under the Italian Criminal			
		DECLARE				
	I am not in a conflict of interest as resulting The dissertation, if attached hereto, is a fai The publications or papers accepted by sci Other representations*:	thful copy of the original.				
For stu	dents with disabilities only					
	I have a disability of 66% or more rated by I have a disability under 66% rated by the I have a diagnosis of specific learning disschooling.	competent authority under art. 3				
Please	find attached hereto a certificate of disa	bility or a duly authenticated co	ору.			
	I also request that the attached records be 2 of the call for the application submitted.	e evaluated for the purposes of w	vaivering registration fees, as provided in art.			
relevant to Personal 196 of 30	m is to be used to declare any states, facts and p o the application (e.g. enrolment at another University data are collected and handled in compliance with June 2003.	ersity). th the provisions of the consolidation	act on privacy passed with Legislative Decree no.			
Siena,	/ /	Legible signatu	ıre			



AREA SERVIZI ALLO STUDENTE DIVISIONE CORSI III LIVELLO

	ΙL	EARNED ABOUT THE:
)	First level University Master's programme
		Second level University Master's programme
	FF	ROM:
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		The website
	1	Almalaurea
	Ì	Leaflets, posters, etc. (or other publicity)
)	Information from the competent office
	Ì	The press
	Ì	Presentation made during conferences/congresses
	1	Word of mouth
		Other (please specify)

The post-graduate courses offered by the University of Siena are published on http://www.unisi.it/didattica/corsi-post-laurea.